

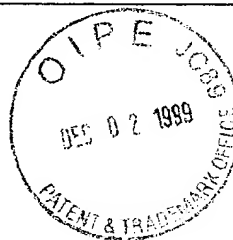
FILING RECEIPT
CORRECTED



**UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/316,313	05/21/99	1612	\$890.00	U-012254-3	0	10	3

WILLIAM R EVANS
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) RAM PRATAP, LUCKNOW, INDIA; AMIYA PRASAD BHADURI, LUCKNOW, INDIA; HARSH PATI THAPLIYAL, LUCKNOW, INDIA; SUNIL KUMAR PURI, LUCKNOW, INDIA; GURU PRASAD DUTTA, LUCKNOW, INDIA; ANIL KUMAR DWIVEDI, LUCKNOW, INDIA; SATYAWAN SINGH, LUCKNOW, INDIA; SUDHIR SRIVASTAVA, LUCKNOW, INDIA; VIKASH CHANDRA PANDEY, LUCKNOW, INDIA; PRATIMA SRIVASTAVA, LUCKNOW, INDIA; SHIO KUMAR SINGH, LUCKNOW, INDIA; RAM CHANDRA GUPTA, LUCKNOW, INDIA; JAGDISHWAR SAHAI SRIVASTAVA, LUCKNOW, INDIA; OMKAR PRASAD ASTHANA, LUCKNOW, INDIA.

FOREIGN APPLICATIONS- INDIA 655/DEL/99 04/29/99

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/15/99

TITLE

METHOD FOR THE TREATMENT OF MALARIA BY THE USE OF PRIMAQUINE
DERIVATIVE N1-(3-ETHYLIDINOTETRAHYDROFURAN-2-ONE) -N
4-(6-METHOXY-8-QUINOLINYL)-1,4-PENTANEDIAMINE AS GAMETOCYTOCIDAL
AGENT

PRELIMINARY CLASS: 546

DATA ENTRY BY: JONES, DIANE

TEAM: 08 DATE: 11/10/99



Practitioner's Docket No. U 012254-3



RECEIPT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of: Ram PRATAP, et al.

DEC 15 1999

Serial No.: 09/316,313

Group No.:

Filed: May 21, 1999

Examiner:

TECH CENTER 1600/2900

For: METHOD FOR THE TREATMENT OF MALARIA BY THE USE OF PRIMAQUINE
DERIVATIVE N1-(3-ETHYLIDINOTETRAHYDROFURAN-2-ONE)-N4-(6-METHOXY-8-
QUINOLINYL)-1, 4-PENTANEDIAMINE AS GAMETOCYTOCIDAL AGENT

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: November 29, 1999

William R. Evans

(type or print name of person certifying)

Error in

Correct data

1. ☒ Applicants' names
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☐ Other

1. See attached filing receipt.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.



3. *(complete the following applicable item)*

A. The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. 1.19(h), of \$25.00 is paid as follows:

- ☐ Enclosed is check for \$25.00.
- ☐ Charge Account _____ the sum of \$25.00.


SIGNATURE OF PRACTITIONER

Reg. No.:

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(type or print name of practitioner)

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